

## **DCFS Training Attendance Form**

**CURRENT VERSION OF FORM:** 09/14

### **Purpose:**

- Used to record employees who participate in safety meetings or trainings.

### **Preparation:**

- Form must be typed or completed in blue or black ink. Pencil entries are not acceptable.
- **All entries must be clearly and legibly written or typed.**

### **Instructions:**

- **Date:** Date of meeting/training must be within the appropriate quarter to count as required training for audit purposes.
- **Quarter (circle one):**
  - 1st quarter – July through September
  - 2<sup>nd</sup> quarter – October through December
  - 3<sup>rd</sup> quarter – January through March
  - 4<sup>th</sup> quarter – April through June
- **Trainer:** Name of person conducting meeting or circulating training material.
- **Safety Officer or Coordinator:** Name of the Safety Officer or Safety Coordinator for the specific location.
- **Division/Section:** Can be used to identify the specific division or section that is attending meeting/training. If conducting building-wide meeting/training, it could be used to identify a specific floor.
- **% Participation:** The percentage of participation at each meeting/training is calculated by dividing the total number of eligible employees (EE) who attended by the total number of employees eligible (EE) to attend.
  - All offices shall strive for 100% employee participation, with 75% being the minimum allowable attendance for each meeting/training to count towards the quarterly requirements.
  - The Department/Agency head (or the highest ranking official or his/her management designee present on the day of the meeting/training) shall attend all in-person safety meetings/trainings.
- **Subject of Meeting:** Subject of meeting or title of training presentation
- **Materials/Methods Used:** List training materials and method of presentation (i.e. PowerPoint presentation, policy circulation, brochures/handouts, etc.)
- **Printed Name:** The printed or typed name of every participant must be clearly identifiable.
- **Signature:**
  - Original signatures of employees or
  - Verification of "received and read by" emails may be attached

### **Disposition:**

- Safety Coordinator maintains original, along with handouts from meeting/training, for audit purposes
- Copy mailed to DCFS Safety Officer, with attachments

### **Retention:**

- Per the retention schedule in DCFS Policy 6-2